Losina

ADDRESS

William H. James Jr. Princess Anne, Md

Crisfield.Maryland

24b. REGISTRAR'S SIGNATURE

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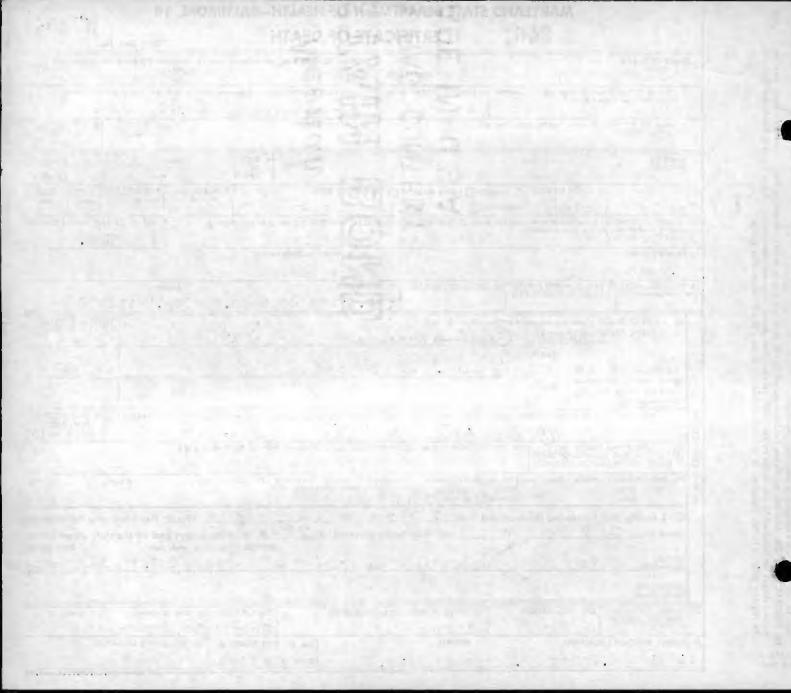
24a. REC'D BY REGISTRAR

DATE FEB 2 3 '60

pode VS A15 (4) 1SM 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

certificote



Pan Dist No

19 2 1 2	nvg	
o. COUNTY SO MEYSE MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution Red a. STATE b. COUNTY	idence before admissione— ownersel
Marien Station 78 4rs	Marion Station	and give nearest lawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	ROUTE / Box	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Gilbert Littleton	Croswell 4. DATE OF HONTH	Day Year 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	June7, 1874 85 Moni	IDER 1 YEAR IF UNDER 24 HRS. This Days Hours Min,
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR IN during most of warking life, each if retired)	Acc. Co. Va. Withams 12	CITIZEN OF WHAT COUNTRY?
Frank Croswell217-07-09	14. MOTHER'S MAIDEN NAME	
S. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes. no, or unknown) [If yes, give wor or dates of service) [If yes, give wor or dates of service)	ISICOr Croswell-Marion	sta, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Torkera Maran	1 to E Inantin	INTERVAL SETWEEN ONSET AND DEATH
33/× DUE TO	action orle : 3 CVA.	3 mm.
gave rise to immediate couse (a), stoting the under-lying couse lost.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	RRED. (Enter nature of injury in Port I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Hour o.m., p. m. 19 White Nat white of work of work	PLACE OF INJURY IHome, form, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the deceased from garil.	2), 1957, to File 7, 196 That ath accurred at 23 PM, from the causes and on	I last saw the deceased
ACTUAL O 10 A	ADDRESS (Street, city or town, stote)	DATE SIGNED
PHYSICIAN'S AN TRACE	M.D. Creekey My	
NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMPTER REMOVAL (Specify)	Y OF GREMATORY 22d LOCATION (City, Ipwn, or cour	nty) (Stote) M
DUTE SIGNATURE ADDRESS	1240. REC'D BY REGISTRAR 24b. REGISTRAR 24b. REGISTRAR	
TEASIDAL SU, WASK- MASIAN S.	TA . DATE FEB 1 6 '60 author	S. France

death. Page 4

VS A15 (4) 1SM 9/S8

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VR A1S (4) 15M E/S9

MARYLAND STATE DEPARTMENT OF HEALTH 2458 CERTIFICATE OF DEATH

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Months D	oys	Hours	Min.	
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I, PLACE OF DEAT	Somerset		MARYL	AND	2. USUAL RESIDENCE (W o. STATE Maryla:		lived. If instituti b. COUNTY	on: Residence Somer		ssion)	
	NN (If outside corporate limi ive nearest tawn) Crisfield	ts, write	c. LENGTH OF STAY II	NIP	c. CITY OR TOWN (IF		ate limits, write f	URAL and gi	ive neorest tow	vn)	
d. NAME OF H	OSPITAL (If not in hospital, globy Jacksonville	Sect:	ddress) lon		d. STREET ADDRESS Jack BO	nville	Section		e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	Fir		Middle SUSAN		DIZE	4. DATE OF DEATH	Mor Feb:	ruary	Day 22	Year 19 6 0	
s. sex Female	6. COLOR OR RACE	7. MARRIE	DIVORCED		March 18, 18		P. AGE (In years last birthday)	-	Doys Hours	T	
House		1	IND OF BUSINESS OR **EXAMPLE	INDUST	Crisfiel	d, Md.	untry)		EN OF WHAT	COUNTRY	
13. FATHER'S NAM	William Di	ze			14. MOTHER'S MAIDEN	NAME ine Rig	gin				
1S. WAS DECEASED (Yes. no. or unknown)	DEVER IN U. S. ARMED FOR (If yes, give wor or doles of se		ocial security no.	1	ormant s. Lucille D	izeJa	cksonvi		lCit	y	
Conditions, gave rise cause (a), sto lying cause	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO if ony, which to immediate pling the under: last. OTHER SIGNIFICANT CON	, Le	ONTRIBUTING TO DEA	TA BUT N	NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	VEN IN PART	PERF	S AUTOPSY ORMED?	
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saw the de 22a. SIGNATU 22c. PHYSICIA	Louis 1	n .1		that de	ath accurred at		he causes ar	10 11.	date state		
NAME (Ty	Saran M. r				Main St						
230. BURIAL, CREM REMOVAL (SP BUTIAL 24. FUNERAL DIRECT		1960	Mariners (_	tery	11.000.000.000.000	ON (City, town, Pield, M		(Sto	ote)	
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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
2460	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY o. COUNTY Q. STATE MARYLAND omerset arvland omerset CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Life Princess Anne Time Princess Anne d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO K 3. NAME OF Middle First 4. DATE Lost Month Day Year DECEASED DEATH (Type or print) Mary V. Dorman 19 60 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy] Months Days Hours Min Female Colored WIDOWED N YES 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) House wife House work Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Blunt Larah Daughter IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Mahle White. Princess Anne Maryland 18: CAUSE OF DEATH [Enter only one cause per (ine)far (a)_ (b), and (c). INTERVAL BETWEEN ONSET AND DEMTH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) 20c. TIME OF INJURY Day, Year Month. 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour g. m While Not while at work of work p. m 21. I certify that I attended the deceased from 19.60 that I last saw the deceased and that death occurred at A __M, from the causes and an the date stated above.

220. BURIAL CREMATION, 22b, DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

Weslev

22d, LOCATION (City, town, or county)

ADDRESS (Street, dly or town, state)

(State) Anne Naryland

DATE SIGNED

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify) Buria

ACTUAL

PHYSICIAN'S NAME IType

> John **ADDRESS**

24g, REC'D BY REGISTRAR DATE

24b. REGISTRAR'S SIGNATURE arilus S. Krana

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H. James Jr. Princess

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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DATE FEB 2 9 '60

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VR A1S (4) 15M 9/59

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	I. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, g	give street address)	1	d. STREET ADDRESS		Ave. E	xt.	e. IS RESIDENCE ON A FARM? YES NO
1	DECEASED	JOHN		Middle	GANDY	4. DATE OF DEATH		1	9 19 60
5. 5	Male Male	6. COLOR OR RACE White				9.			Hours Min.
	during most of we	orking life, even if retired	4)	bd	Newport,	New Jers		12.CITIZEN C	OF WHAT COUNTRY?
		Elmer Gandy			Mary Eliza				
							. Chesa	peake A	ve. Ext.
	PART I. DI 332 Conditions, if	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	O Promo	ond (c).]	Lord		srield,	MQ. IN	ITERVAL BETWEEN NSET AND DEATH 3.000
NO	couse (o), statin lying couse los	ng the <u>under-</u> DUE TO	c)	TO DEATH BUT NOT	RELATED TO THE TERM	AINAL DISEASE C	ONDITION GIVE	N IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
FICAT	20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	WAS UNDERLYING IN CAUSE OF DEATH FY MEDICAL EXAMINER	20b. DESCRIBE HOW IN	JURY OCCURRED. (E	nter nature of injury in	Port I or Port II	of item 18.)		YES NO
MEDICAL	20c. TIME OF INJU	URY Month, Doy, Ye	or 20d. INJURY OCCUR	Footoor			town)	(Count	y) (State
	saw the dece 220. SIGNATURE 22c. PHYSICIAN'S	Sarah N	1		ATTENDING	M, from th	e causes one		that (I) (we) lost te stated obove. 22b.DATE SIGNED
	INDINE (IAbe)	Samah M	Peyton M. I	n.	Cres	6 faite	Mannelland	4	
	3. PECATION NOTIFICATION NOTIFI	RURAL and give d. NAME OF HOS OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX Male 100. USUAL OCCUPA during most of ward during ward during most of ward during ward du	b. CITY OR TOWN (If outside corporole lim RURAL and give negrest fown) d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION E. Chesape 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE White 100. USUAL OCCUPATION (Give kind of work during most of working life, even if retired Seafood Packe 13. FATHER'S NAME Elmer Gandy 15. WAS DECEASED EVER IN U. S. ARMED (If yes, give wor or dates of No 18. CAUSE OF DEATH [Enter only one or PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (OR OR SEATON) 19. Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. VOLUME OF INJURY Month, Doy, Y. Hour o. m. 200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Y. Hour o. m. 19. m. 21. I certify that (I) (this hospital saw the deceased alive on 1220. SIGNATURE 222. PHYSICIAN'S NAME (IVpe)	b. CITY OR TOWN (If outside corporole limits, write RURAL and give negrest fown) OR INSTITUTION C. LENGTH C. 80 y d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION E. Chesapeake Ave. Ext 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE White WIDOWED D 100. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) Retired Seafood Packer 13. FATHER'S NAME Elmer Gandy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) No None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) 33	b. CITY OR TOWN (If outside corporole limits, write RURAL and give negrest jown) CT 18TILL d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION E. Chesapeake Ave. Ext. 3. NAME OF DECEASED I(Type or print) S. SEX 6. COLOR OR RACE WIDOWED DIVORCED NO 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Seafood Packer 13. FATHER'S NAME Elmer Candy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? NO 16. SOCIAL SECURITY NO. 17. INFOR None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost. Conditions, if any, which gove rise to immediate CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Work of work o	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negest) governs b. CITY OR TOWN (If outside corporate limits, write RURAL and give negest) governs c. 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CITY OR TOWN If Goultide corporate limits, write RURAL and give neggeral registered and reserved. C. LENGTH OF STAY IN 1b RURAL and give neggeral registered and reserved. D. CITY OR TOWN (if outside corporate limits, write RURAL and give neggeral registered. C. LENGTH OF STAY IN 1b ROYAL OCCUPATION (Give street address) D. DATE DECEASED I(Type or print) D. S. SEX G. COLOR OR RACE White Widowed DIVORCED DIVORCED DIVORCED NOV. 7, 1871 100. USUAL OCCUPATION (Give stand of work done during) Sung most of working life, even if retired. Seafood Retired Seafood Reker 13. FATHER'S NAME Elmer Gandy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? If yet, now work dotted of staying) Non 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Lying couse lost. (b) Governia to immadiate Couse (o), stoing the under: Lying couse lost. 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Bradshaw & Sons, Crisfield, Maryland

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256 REQUITEDESTSIONATURELA

250. RECID BY REGISTRAN

DATE

the hospital ar attending physician. may be retain TO FUNERAL D.

ATTENHING MHYRICIAN: The law remuires that the demit certificate be executed within 21 hours after death. Pagm 4

TO HOSPITAL OR

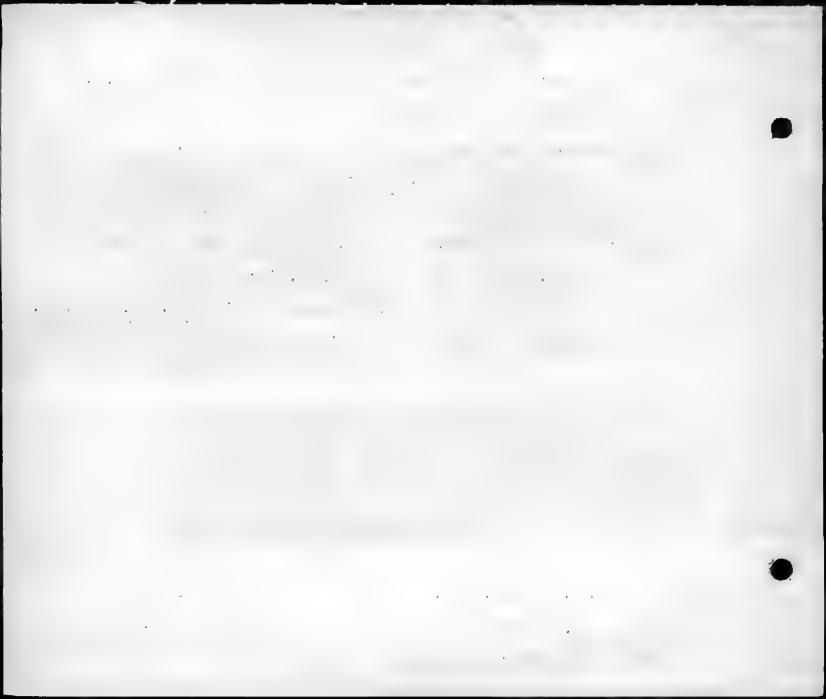
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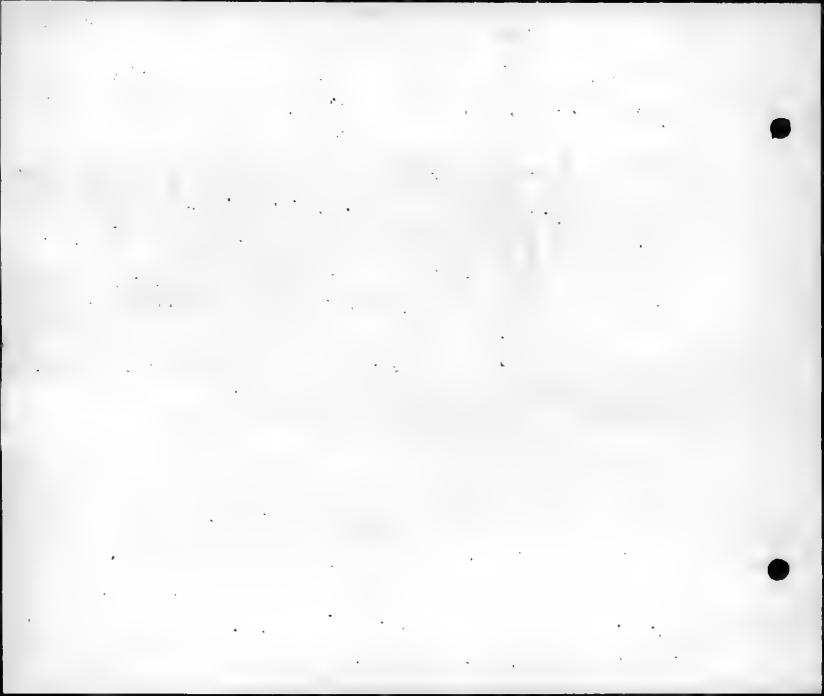
24. FUNERAL DIRECTOR'S SIGNATURE

	PLACE OF DEATH O. COUNTY	Somerset	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryl	 b. COUNTY 	on. Residence before admission) Somerset
	b. CITY OR TOWN RURAL and give	(If outside corporate limits, wrinearest town) Fairmount	te c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write R	URAL and give nearest town)
\$	d. NAME OF HOS OR INSTITUTIO	PITAL (If not in hospitol, give str Narris Nursi		d. STREET ADDRESS 302 M	aryland Ave.	e. IS RESIDENCE ON A FARM? YES NO
1	3. NAME OF (Type or print)	First GEORGE	Middle M.	Lost HANDY	4. DATE Mon OF DEATH Februar	
	5 SEX	25	NARRIED NEVER MARRIED S	B DATE OF BIRTH March 16, 190	7 9. AGE (in years lost birthday) 52 yrs	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
ļ	during most of w	orking life, even if retired)	Seafood	Crisfield,	Maryland	12. CITIZEN OF WHAT COUNTRYS USA
l	13 FATHER'S NAME	George S. Han	dy	Annie M. J		
	15 WAS DECEASED E (Yes, no. pr unknown) No	VER IN U. S. ARMED FORCES? [If yes, give wor or dates of service] None		nformant to Handy, 302	Maryland Ave.	, Crisfield, Md.
	Conditions, if gove rise to couse (o), stolin lying couse los	immediate DUE TO	Ghroni	3 101 go	corditis	H years
	ACCIDENT.	WAS UNDERLYING 🖸 20b.	NS CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURRE			VEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTION (IF EITHER, NOTI	1. W	id. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form ctory, street, office bldg., etc	, 20f. (City or town)	(County) (Stole
	saw the dece	hat (I) (this haspital) att	ended the deceased from a	may 10 19 death accurred a 5.00		1960, that (I) (we) last and on the date stated above
	22c. PHYSICIAN': NAME (Type		Arman an, M. D.	22d. ADDRESS	ed STAFF PHYS incess Anne, M	7.6 26 GIGNE
	23a BURIAI, CREMAT REMOVA, ISpeci BURIAI		230 NAME OF CEMETERY C		23d LOCATION (City, town, Crisfield, M	

ADDRESS

Bradshaw & Sons, Crisfield, Maryland





M.

19

TO DEPUTY MEDICAL EXAMINER: This cartificate should be executed within 24 hours after death. If any delay is necess execute the contact, writing the ward "pending" in pendi in (tem, 18. Give Pages 1, 2, and 3 to the funeral 4 should be anded to the Chief Medical Examiner's Office along with form PM3. Page-5-apy be retained in TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board as its designated agent, prior to burial, cremation, ar removal, and in any event within 7200001

VS. A15ME

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02461

		540						Reg. D	ist. No		_
1,	PLACE OF DEATH				2. USUAL RESIDENCE	(Where deced			ence be	lore odmi	ssion)
	o. COUNTY	Somerset	M	ARYLAND	o. STATE Mary.	land	b COUNT	Y Som	erse	it	
ł	o, CITY OR TOWN (15	oulside corporate limits, write \$U	c. LENGTH OF ST	AY IN 16	c CITY OR TOWN	(lí outs de cor	porote Emits, write	RURAL on	d give n	earest lo	wn)
		Marion	Life		X Marin	6)R					
-	d. NAME OF HOSPITA	L OR INSTITUTION (If no	ot in hospital, give street ad-	dress)	STREET ADDRESS						A FARM?
	***************************************	J. B. Green	n Farm		J. B	. Green	a Farm				1 NO [
3.	NAME OF DECEASED	First	Middle	·	Last	4. DATE OF	Mont	h	Doy	Y	fear
	(Type or print)	JOHN	EDWARD)	JONES	DEATH	Februar	У	5	1	9 60
5. 5		6. COLOR OR RACE 7	MARRIED NEVER MAR	RIED 6.	DATE OF BIRTH		9. AGE (In years last Joseph Joy				ER 24 HRS
	Male	Negre w	IDOWED DIVORC	ED 🗍	Jan. 24, 19	54	6 уп	Months	Doys	Hours	Min,
	. USUAL OCCUPATIO		e 106 KIND OF BUSINESS		RY 11. BIRTHPLACE (SIO	le or foreign	country)			F WHAT	COUNTRY
	None		Nome (Inf	ant)	Maryland			L	SA		
13.	FATHER'S NAME				14, MOTHER'S MAIDEN	ENAME					
		ohn Jones,			Glenda A	dans			n o' Foode shellow		
		R IN U. S. ARMED FORCE	SP 16 SOCIAL SECURITY P		IFORMANT		Address				
	No	None	None	Mr	s. Glenda J	ones,	Marion, M	d.	_		
			per line for (a), (b), and (c).]	W M Milwane A may	_	-		0:451	RVAL BETWE	ATH .
		H WAS CAUSED BY. IMMEDIATE CAUSE (o)	Suffocat	ion i	n fire.			_	Sı	nqqeı	A
	90	DUP TO									
	Conditions, If on		Burns on	enti	re body.				Sı	udde1	A
	gave rise to immed (a), stoling the u	BALLET THE	16 10 R.		1 /0		0010	_			
	couse lest.	(c)_/			ing Dow			-			-
Ž	PART II, OTH	ER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DI	EATH BUT N	OT RELATED TO THE TER	MINAL DISEA	TO MOITION OF	EN IN PAI	(T 1(o) 1		AUTOPSY RMED?
3					letely cons					YES 🔲	NO 🎏
CERTIFICATION	206. EXTERNAL CAU	SE WAS 206 I	DESCRIBE HOW INJURY OF	CURRED (E	nter noture of injury in P	ort t or Port t	of item 10)	Lou	roal	arn,	M. E
	CAUSE OF DEATH.		Dwelling	fire	•		DEPUTY M	EDIC.	LE	XAMI	NER
MEDICAL	20c, TIME OF INJUR	Y Month, Day, Year	20d. INJURY OCCURRED While Not while	20e PLAC	TE OF INJURY (Home, fo rry, street, office bidg., e	(c.)	POR SOME	JSET .	unty)	YTY.	(State)
3	7:00 306	2/5/ 1960	of work of work	Hom	on farm	Ma.	rion, Son	erset	, M	1.	
	21. I certify th	at) took chorge a	f the remains descri	bed abo	ve, held an Autop	osy 🔲, 🛚	nspection 🗷	Inqui	ry 🗷	, an	id in my
	opinion death	resulted from: Na	tural causes [], Ac	cident	🖺, Suicide 🔲,	Homicide	: 🔲, Undete	ermined	manni	er 🔲	
	L. W.	MATTO ~ ()	bourn	,						DATE S	ELCALED
	ACTUAL SIGNATURE	.)100 uce	DOUCOU		_M.D. CHIEF MEDICAL	EXAMINER []			DAIL S	101410
	EXAMINER'S TE				ASSISTANT MEDI	ICAL EXAMIN	ER 🔲			11 11	•
	NAME (Type) W.		ulbourn, M. I		DEPUTY MEDICA	L EXAMINER	H	-	2/	/6/60	J
220	BURIAL CREMATION	7, 226 DATE THEREOF	22c. NAME OF CEA				ATION (City, Iown,			{State	e)
_	Burial	Feb. 8, 19		wn Ce			moke City				
23.	FUNERAL DIRECTOR		ADDRESS			C'D BY REGIS		STRAR'S SI	1 11		
	Bradshaw	& Sons, Cri	sfield, Md.		DATE	FEB 9 '	60 a	count A.	1000	Cont.	

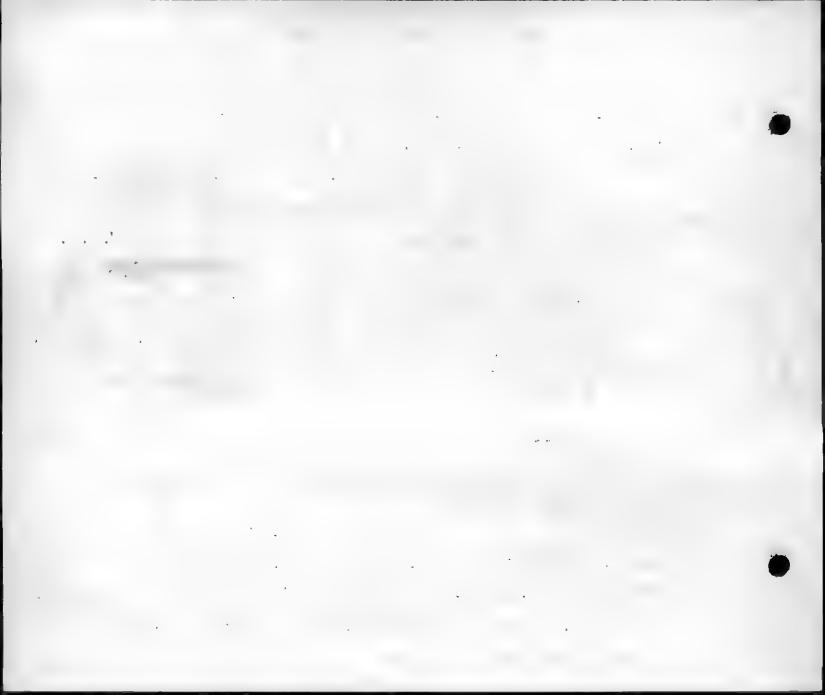


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

			24	66	CERTIFIC	ATE OF DE	ATH		Reg. Dist. No	o.	
	1. [PLACE OF DEATH	OMERSET		MARYLANI	- CTATE	ICE (Where decease YLAND	ed lived. If institution b. COUNTY	n Residence bef		
	Ŀ	D. CITY OR TOWN (IF	outside corporate lim	ils, write c. LE	NGTH OF STAY IN T	c CITY OR TOV	VN (If outside corp	orote limits, write RL	JRAL and give ne	earest town)
			SFIELD		3 DAYS		ION ST	ATION			
)	9-	d. NAME OF HOSPITA OR INSTITUTION	MCCREAD)	16	.Hosp.	d. STREET ADD	RESS				FARM?
		NAME OF DECEASED (Type or print)	E_{DI}	-	Middle	OLIVER	4. DATE OF DEAT	Mont FEBRUAR	and a	21	1 0 01
	5 5	MALE	6. COLOR OR RACE NEGRO	7. MARRIED WIDOWED	NEVER MARRIED [8. DATE OF BIRTH	1897	9. AGE (In years last birthday) 62 yrs	Months Doys	R IF UNDE Hours	R 24 HRS. Min.
)	100	USUAL OCCUPATION during most of working LABOREI	ng life, even if retired	n l	of Business or in	OUSTRY 11. BIRTHPLACE ARKA	E (Slote or foreign	country)	12. CITIZEN C	S.A.	OUNTRY?
	13.	FATHER'S NAME	0	_		14. MOTHER'S MA					
			H OLIVER			SARAH	7				
	15. (Yes	WAS DECEASED EVER	IN U. S. ARMED FOR yes, gaye war or dales of a NORE	(enume)	30-9266	INFORMANT IARY AMES	s, Mari	ON STAT		IAR Y	LANI
		1B. CAUSE OF DEAT		ouse per line for	(o), (b), and (c).]		6 4 0	., ,	IN.	TERVAL BE	TWEEN
		PART I. DEAT	H WAS CAUSED BY- IMMEDIATE CAUSE (c	willen	& Deg	Awart (without	Homorales		4 81	
		/ ×	DUE TO	111	0	2	01	0			V
		Conditions, if on gove rise to im	mediate	11/2/2	n 10 Seif	regents	Oline	orgiver &	exes 7	0/10	
		couse (o), stating the	ne under-	RH	let Dem	Marie	7			4 day	T
. 5	Z O	PART II. OTHE	R SIGNIFICANT CON	IDITIONS CONTR	RIBUTING TO DEATH I	UT NOT RELATED TO TH	IE TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(o)	19 WAS	AUTOPSY RMED?
U	CATIO	40	murel	arkin	no del	usin					NO K
	. CERTIFI	200 ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY OCCUI	RED. (Enter noture of in	jury in Part I or Pa	ort II of item 18.)			
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	1	Not while	PLACE OF INJURY (Hon factory, street, office blooming	ne, form, , 20f. (Ci dg., etc.)	ty or town)	(County)	(Stote)
		21. I certify, tho	it I attended the	deceased fr	am Ful- 1	, 19 60, 1	o tes.	22, 1960	that I last sa	w the d	eceased
		alive an Fub	. 2/	. 1962	, and that dec	th accurred at I_{-1}	1 0 Al/Ifran	the couses and	d an the dat	e stated	abave.
/		ACTUAL SIGNATURE	uge to	ED oul	trun	_M.D		Street, city or town,	,	DAT	E SIGNED
		PHYSICIAN'S G.	EORGE C	. Coul	BOURN,	M.D.	MARION	, MARYL	AND		
	220	BURIAL, CREMAT ON REMOVAL (Specify) Burial			NAME OF CEMETERY			ATION (City, town, o		(Stote	e)
	23.	FUNERAL DIRECTOR'S			ADDRESS	24	a. REC'D BY REGI		TRAR'S SIGNATI	JRÉ	
		Bradshaw	& Sons. C	risfiel	d. Marylan	d	ATE FEB 2 9	60 Ox	Chury S. Hus	44	

TO FUNERAL DISTRICTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban pages. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs offer death. death. Page 4 TERMING PHYSICIAM: The low requires that the Leath certificate be executed within 24 Tours of

TO HOSPITAL OF VS A1S (4) 1SM 9/SB



(State)

Crisfield, Md.

2So. REC'D BY REGISTRAR

FEB 29'60

25b. REGISTRAR'S SIGNATURE

arthur S. Krous

5			25	£0 ¿	CEKTIFIC	AL	E OF DEA	AIR					
		LACE OF DEATH	Somerset		MARYLAN	- 11	o. STATE	NCE (Where		l lived If institution b COUNTY	_	e before odr Praet	nission)
	l	CITY OR TOWN RURAL and give	(If outside corporate limi negrest lows) Crisfield	ts, write	50 Years	lb .		WN (If out		rote limits, write RI	JRAL ond gi	ve nearest to	own)
<	·	OR INSTITUTION	R. F. D. He			1	d STREET ADD		Her	ewell		10	RESIDENCE N A FARM?
		NAME OF DECEASED Type or print)	ELS]		Middle HUGHES]	RIGGIN	4	OF DEATH	Febru		22 Day	Yeor 19 6 0
	S 9	ex Female	6 COLOR OR RACE White	7 MARI WIDOW	RIED NEVER MARRIED [ED I DIVORCED	- -	Nov. 24,	1879		9. AGE (In years lost b rihday) 80 yrs.		Doys Hou	MIN MIN
		H ouse	orking life, even if retired	lone 10b.	At Home	NDUSTI	New Ca	astle	Del		T S		AT COUNTRY?
	13.	FATHER'S NAME	Aaaren Sto	ops			14. MOTHER'S M. Mart	aiden na tha H					
	15. (Yes	WAS DECEASED ET no. or unknown)	VER IN U. S. ARMED FOR	CES? 16.	None		I Jesse	L. L	ong	R.F.D. C		old, M	ld.
2	MEDICAL CERTIFICATION	Conditions, if gove rise to couse (o), stalin lying couse los PART II. O PART II. O CONTRIBUTING (IF EITHER, NOTIL) Thou Time OF INJI Hour 8. m The p. m The certify III. Contribution of the country of the certify III.	ony, which immediate g the under DUE TO the SIGNIFICANT CON CONTROL OF THE SIGNIFICANT CON CONTROL OF THE SIGNIFICANT CONTROL OF	DITIONS 200 DES	CONTRIBUTING TO DEATH CRIBE HOW INJURY OCCU NJURY OCCURRED 200	JRRED.	(Enter noture of in	mo, form, ildg., etc.)	rt I or Por	till of item IB	(C	ONSET A 1 2 4 1 (o) 19 W. PEI PEI Ounty) 2 that {	(Stote)
Board		22c PHYSICIAN'S NAME (Type)	Sarah M. F	eyto	n, M.D.		22d. ADDRESS	5		field, M	d		
5	23a	BURIAL CREMAT	ON, 236 DATE THEREC)F	23c NAME OF CEMETER	RY OR	CREMATORY	2	3d LOCA	TION (City, town,	or county)	- (State)

Sunnyridge Cemetery

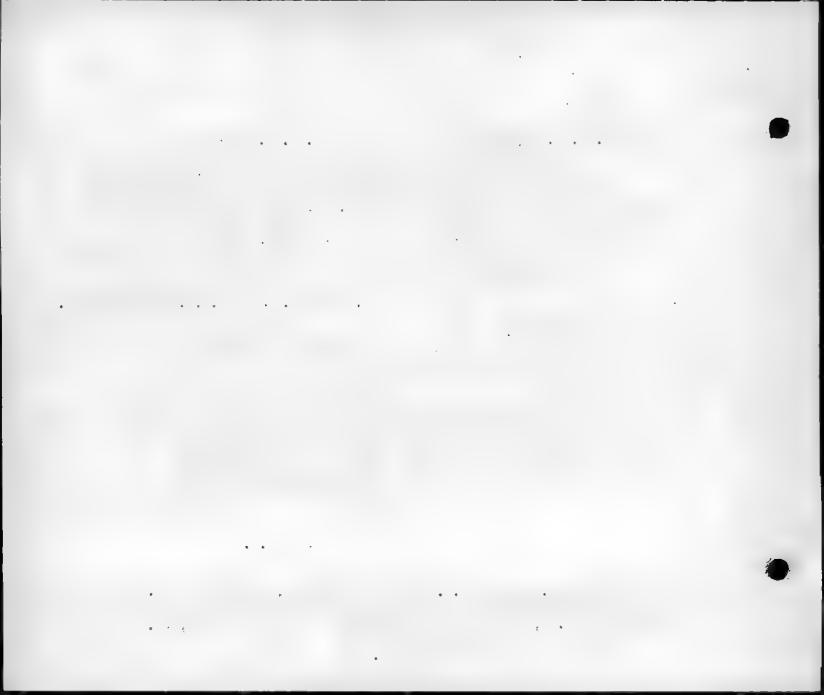
Feb.25, 1960

Bradshaw & Sons-Crisfield, Md.

24, FUNERAL DIRECTOR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNE page 3 the Sta

VR A1S (4) 15M 9/59



24b. REGISTRAR'S SIGNATURE

Culling S. Frank

24g. REC'D BY REGISTRAR

160

DATE FEB 8

			246	9.6	CERTIF	ICA	IE OF DEAT	П		Reg. Dist. I	No.	
1	1 6	PLACE OF DEATH	~		81 8 DW4		2 USUAL RESIDENCE (Where decease	d lived If institution	n Residence b	efore adn	nission)
3 /			SOMERSET		MARYU	ANU	MAR:	YLAND		SOME	RSE	T
<i>\</i>	Ŀ	b CITY OR TOWN RURAL and give i	(If outside corporate limi	ts, write	c LENGTH OF STAY IN	ч 1ь	c. CITY OR TOWN (f outside corpo	prote limits, write RE	JRAL ond give	nearest to	own)
		CRIS	SFIELD		77 YF	เร	3 9 Cri	SFIEL	D .			
	-	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	ive street o	ddress)		d. STREET ADDRESS				e. 15 R	ESIDENCE LA FARM?
1	E	DW. W.	MCCREADY	MEL	to. Hosp.		LAWS	SONIA				□ NO.
	3. [NAME OF	Fir	st	Middle		Last	4. DATE	Mont	h	Day	Year
		DECEASED (Type or print)	GC	RDON	V = R.		STERITIG	OF DEATH	FEBRUA	B.Y	2	1960
ı	5. 5	SEX	6. COLOR OR RACE	7. MARRII	ED R NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE	AR IF UN	
		MALE	WHITE	WIDOWED	DIVORCED		8-14-1882	2	last bisthday)	Months Day	rs Hou	rs Min,
ı	10o	USJAL OCCUPAT	ION (Give kind of work	done 10b, K	IND OF BUSINESS OR	INDUST	RY 11. 8IRTHPLACE (Sto	te or foreign o	ountry)	12. CITIZEN	OF WHA	T COUNTRY?
		* *	rking life, even if retired		SEAFOOD		MAR	YLAND			USA	
\neg	13.	WATER M	4 //				14. MOTHER'S MAIDEN			!-	UUA	
	1	SAMUEI	. R STEP	LING			ELL	STEE	RLING			
#	15.		ER IN U. S. ARMED FOR	1	OCIAL SECURITY NO.	INI	ORMANT	1 61	Addr	835		
	(Yes	NO	(If yes, give war or dates of s	ervice)	7-05-8074	M	ARY STERI	TTNC	CRISFI	TI.D	M_{D} .	
ŀ			ATH (Coto only man on	1.4.4		224	HOL DIEIL	11110	0101011			8ETWEEN
			ATH [Enter only one co ATH WAS CAUSED 8Y:	use per line	for (o), (o), ond (c).		1			İċ	NSET AL	ND DEATH
			IMMEDIATE CAUSE (o	<u>. (</u>	elseal 14	فسي	-meh-pl				1 000	<u></u>
		3 X	DUE TO	0	1 . 1		1	. ^	1		1	
		Conditions, if a		<u>Carre</u>	leaned Arabe	كالمر	o classed	10=			17	
		couse (a), stating	the under- DUE TO	11	1 1 1.						, ,—	
	_	lying couse lost	, (c	h h	alreted N	u	curus				1 -	They
a	CERTIFICATION	PART II. OI	HER SIGNIFICANT CON	DITIONS CO	DNTRIBUTING TO DEAT	H BUT N	IOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIVE	EN IN PART 1(c	19. WA	FORMED?
	ادٍ		days &		me la		nen				YES	
	EKE	OR CONTRIBUTING	AS UNDERLYING []	20b. DESCI	RIBE HOW INJURY OCC	CURRED.	(Enter nature of injury	in Part I or Pa	rt (I of item 18.)			
			Y MEDICAL EXAMINER									
	MEDICAL	20c TIME OF INJU Hour o.m.	RY Month, Day, Yes	20d. IN. While	JURY OCCURRED 2 Not while		E OF INJURY (Home, for ory, street, office bldg., i		y or town)	(Cour	ity}	(Stote)
	¥.	p. m.	19	ot work	of work							
		21. I certify t	hat I attended the	decease	d fram	3	1, 1960, 10	7,4	L- 1968	that I last s	aw the	deceased
		alive an F_{A}		. 12 6	2 0		accurred at 50	-				
			Λ		٨ ،				treet, city or town,			ATE SIGNED
		ACTUAL SIGNATURE	South	m	Penton		n 300	1 12	-		2	13/60
7 1						<u> </u>		JN-3				Emaglish imi is
		PHYSICIAN'S NAME (Type)	SARAH M.	PEYT	ron, $M \cdot D$.		Cui	head	لها الما			
	220	BURIAL, CREMATIO	ON, 226. DATE THEREO	F	22c NAME OF CEMET	ERY OR	CREMATORY	22d LOCA	TION (City, town, a	r county)	(5	fote)
	3	REMOVAL (Specify	FEB. 4.	1960	4	MET			FIELD, M			

ADDRESS

CRISFIELD, MD.

TO FUNERAL DIMEC VS A15 (4) 15M 9/58

the registror prior

23. FUNERAL DIRECTOR'S SIGNATURE

BRADSHAW & SONS

narol director, be filed with

by the

completely filled in b papers. Pages 1 and

rmit. Then please remove corban papers. any event within 72 hours after death.

permit.

by the hospitol or attending physician.

*IDR: After this cerificate has been signed detoched for use as the burial-transit permita burial, cremation, or remayal, and in an

attending physician and

funmrol

death. Page 4

The low requires that the death certificate be executed within 24 haurs



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VS A15 (4)

15M 9/58

burial-transit

pe



Poge director led wit	(M	1. PLACE OF DEATH o. COUNTY Somerset ARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryl and Somerset
funeral ruld be fi			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion
by three d 2 sho	07	19	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cready Memo. Hospital d. STREET ADDRESS RFD #1 Box 297 NAME OF HOSPITAL (If not in hospital, give street address) ON A FARM? YES NO
24 ho			3. NAME OF DECEASED (Type or print) Raleigh Whittington Day Year DEATH February 18 1960
l withir letely f s. Pog			5. SEX MALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH NO WIDOWED DIVORCED SPT14-1955 9. AGE (In years lost birthday) Months Days Hours Min.
xecuted comp	eoth.		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Maryland
be e	ie T	1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
icote rsicio	urs of	1	Arthur Whittington Emma Byrd, Makion Md
h certifi ing phy se remo	72 hoi		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no. or unknown) (If yes, give war or darks of service) Arthur Whittington, Marion, Maryland
e deotl ottend n pleos	within		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Paralysis Homes
y the	even	1	910.5 DUE TO Comminuted Fracture of Skenel 11/2 how.
equires the n. signed by it permit.	d in ony		gave rise to immediate cause (o), storing the under bying cause lost. Sying cause lost.
physicio ns been ol-trons	ovol, on	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO L
IAN: The ending ficote h the bur	пал то		200. ACCIDENT WAS UNDERLYING 12 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I of Part II of Part I
PHYSIC ol or off his certifi use os	этойоп	8	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 2/8 1960 at work of work o
hospite After t	riol, cr		21. I certify that I attended the deceased from 2-18, 1960, 1960, that I last saw the decease alive an 2-18, 1960, and that death accurred a 15PM, from the causes and on the date stated above
y the	ior to bu		ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL M.D. Crisfield, Md.
retoil RAL DI	stror pr	1	PHYSICIAN'S A. N. Barr, M.D. Crisfield, Maryland
moy be FUNER	ne reg		22a. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote)
VS A15 (4) 15M 9/58	B		23. FUNERAL DIRECTOR'S SIGNATURE JADDRESS JACK DATE FEB 2 6 160 Outland S. Krams

bro. Table modest Familia Thillips Mark the commence of the comme LI MAN MILLS Description of the second Search De Year Maria Maria di Amerika di Kalendaria di Amerika di Maria di Amerika di Amerika di Amerika di Amerika di Amerika Amerika di
	MARYLAND	STATE DEPARTMENT	OF H
	2471	CERTIFICATE (2-11
F OF DEATH		T a men	at prein

		MARYLA						TIMORE, 1	8		40 144
		2471	106	CERTI	FICA	TE OF DEAT	H		Reg. Dist.	()24 No.	01
1. PLACE OF DEATH o. COUNTY SOMERSET MARYLAND				LAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). o. STATE MAR. YI. AND SOMERSE T						
	b. CITY OR TOWN (If o RURAL and give near			GTH OF STAY 1 DAY		c. CITY OR TOWN (III	outside corpo	orote limits, write RU	JRAL ond give	nearest tow	n)
d. NAME OF HOSPITAL (If not in hospital, give street address) EDW. W. MCCREADY MEMO. HOSP.					d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)						
3.	NAME OF DECEASED (Type or print)	First K.A.	TE	Middle		WOOD Last	4. DATE OF DEATH	FEBRU.		Day 3	Year 1960
5.	77		MARRIED DOWED	NEVER MARRIE DIVORCE		B. DATE OF BIRTH 4-21-188	32	9. AGE (In years lost birthday)	Months Do		ER 24 HRS. Min.
		(Give kind of work done g life, even if retired)	10b. KIND O	F BUSINESS O	R INDUS	201 100 11	ORK	country)		S.A	
13.	FATHER'S NAME	LLIAM GR.	erer NILLIO	r. n		JULIA					
15.	WAS DECEASED EVER I		7 16. SOCIAL			NFORMANT	ANDO	N, CRIS	ess FIELD	, MD	
	PART I. DEATH	nediote (DUS TO	per line for (o l'Cub lenctre	Sie i	mi	Heart where is he	4.	Hungsegs Myread		20 C	DEATH
CERTIFICATION	PART II. OTHER 20g. ACCHENT WAS OR CONTRIBUTING CI	UNDERLYING D 20th	arte	NO	80	NOT RELATED TO THE TER			EN IN PART I	PERFO	AUTOPSY DRMED?
MEDICAL (20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year		OCCURRED of while work		ACE OF INJURY (Home, fa tory, street, office bldg., e		ly or town)	(Coul	nty)	(State)
	actual SIGNATURE	l attended the de	6 ou		death	occurred at 8:0 MAR J	ADDRESS (S		stole) ND		
220	BURIAL, CREMATION, REMOVAL (Specify)	Teb 3 19	60 11	NAME OF CEMI	ETERY, OI	R CREMATORY	Pu	uces H	mue mue	Sto	il
28	FUNERAL DIRECTOR'S S	Herin	on I	ress	sel p	Truce 7 4 TE	C'D BY REGIS		TRAR'S SIGNA		

VS A15 (4) 15M 9/58

